# Reimbursement Request for Regular Education Tuition Paid For State-Placed Students

## All sections MUST be completed or claim will be returned without being processed

## 2008 - 2009

Do not change year as finance codes are I	DIRECTLY related to the school year.		
Student's Name	Date of Birth		
Student's Grade Level	State ID Number		
Agency placing student(DCF, Mental Health, Casey, etc.)	Tel. No		
Agency Case Manager's name			
Town that paid tuition	Supervisory Union		
Tuition paid to			
(school name)			
Tuition beginning date:	Tuition ending date		
(first day of school session or student's first day enrolled)			
Amount of tuition paid for this student	for this period \$		
Signature of Superintendent	Date		

#### Please Attach & Check:

- ? Tuition Bill Attached
- **?** Proof of Payment Attached

16 V.S.A. §4012 (b) A school district shall request reimbursement under this section by submitting tuition bills and documentation of payment to the commissioner. The commissioner shall make reimbursement twice a year, once for requests submitted prior to January 1 and once for requests submitted prior to May 1. Requests submitted on or following May 1 shall be reimbursed in the next payment.

#### Send form to Donna Trucksess at DOE

Use separate form for each student

For Department Use Only				
Dates Info Received:	Meets SPS Guidelines Y N		Manager Approval	
Request::				
Tuition Bill:	Finance Code:	Review Completed:		
Payment:	20205-5100050000-51193009 346009-00			